

THE LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

H. A. COTTELL, M.D., Editor.

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THE AMERICAN PRACTITIONER,

A Sixty-four page Monthly Journal of
MEDICINE AND SURGERY.

EDITED BY

DAVID W. YANDELL, M.D., AND JOHN A. OCTERLONY, A.M., M.D.

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TO THE MEDICAL PROFESSION. LACTOPEPTINE

DEMONSTRATED SUPERIORITY OF LACTOPEPTINE AS A DIGESTIVE AGENT.

Certificate of Composition and Properties of Lactopeptine by Prof. ATTFIELD, Ph.D., F.R.S.,
F.I.C., F.C.S., Professor of Practical Chemistry to the Pharmaceutical
Society of Great Britain.

LONDON, MAY 3, 1882.

Lactopeptine having been prescribed for some of my friends during the past five years—apparently with very satisfactory results—its formula, which is stated on the bottles, and its general character have become well known to me. But recently the manufacturer of this article has asked me to witness its preparation on a large scale, to take samples of its ingredients from large bulks and examine them, and also mix them myself, and to prepare Lactopeptine from ingredients made under my own direction, doing all this with the object of certifying that Lactopeptine is what its maker professes it to be, and that its ingredients are in quality the best that can be obtained. This I have done, and I now report that the almost inodorous and tasteless pulverulent substance termed Lactopeptine is a mixture of the three chief agents which enable ourselves and all animals to digest food. That is to say, Lactopeptine is a skillfully prepared combination of meat-converting, fat-converting, and starch-converting materials, acidified with those small proportions of acids that are always present in the healthy stomach; all being disseminated in an appropriate vehicle, namely, powdered sugar of milk. The acids used at the factory—lactic and hydrochloric—are the best to be met with and are perfectly combined to form a permanent preparation; the milk sugar is absolutely pure; the powder known as "diastase" or starch-digesting (bread-, potato-, and pastry-digesting) material, as well as the "pancreatin," or fat-digesting ingredients, are as good as any I can prepare; while the pepsin is much superior to that ordinarily used in medicine. Indeed, as regards this chief ingredient, pepsin, I have only met with one European or American specimen equal to that made and used by the manufacturer of Lactopeptine. A perfectly parallel series of experiments showed that any given weight of acidified pepsin, alone, at first acts somewhat more rapidly than Lactopeptine containing the same weight of the same pepsin. Sooner or later, however, the action of the Lactopeptine overtakes and outstrips that of pepsin alone, due no doubt, to the meat-digesting as well as the fat-digesting power of the pancreatin contained in the Lactopeptine. My conclusion is that Lactopeptine is a most valuable digesting agent, and superior to pepsin alone.

JOHN ATTFIELD.

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For further particulars concerning Lactopeptine, the attention of the Profession is respectfully directed to our 32-page pamphlet, which will be sent on application.

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THE LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, APRIL 19, 1884.

Original.

ORTHOPEDIC SURGERY.

BY AP MORGAN VANCE, M. D.

**Infantile Paralysis: What can be done, but more especially what can not be done, in the way of treatment.*

The above ailment is essentially one of early infancy, though cases have occurred in older children and very rarely in adults. It has been demonstrated that the lesion is in the gray matter of the anterior horns of the spinal cord, a poliomyelitis. It has never been proved that any one thing causes this inflammation. In some instances it seems traceable to cold, in others to a spell of indigestion, while again it can be traced to no cause. The child perspiring well at night, is in the morning found in a palsied condition. The older writers claimed that this was caused by teething and called it dental paralysis. There is always more or less fever present, sometimes running very high, while in other cases this rise of temperature is not noticed. Similar, though probably not identical, paralysis often follows the fever of measles or scarlet fever. I believe that many more cases occur in summer than in winter.

The diagnosis of this disease is comparatively easy, especially so when the cases reach the surgeon's hand. In the very early stages it may be confounded with paralysis resulting from pachymeningitis, or cerebral lesion and reflex paralysis, but care in getting history and the result of a careful electric examination will avoid mistakes. The extent of muscular trouble is very variable, from one single muscle to a whole limb, or very often both limbs. Sometimes, but rarely, the muscles of the trunk are affected.

Otherwise, after a few days, the child returns to perfect health some tenderness of affected parts being present for this period. There is no danger to life during this disease other than that caused by the *crippling*.

The treatment is the important thing to be considered. To begin, we may ask the question, "What can the physician do in these cases?" In my humble opinion *nothing*, absolutely nothing beyond giving a certain amount of comfort to the parents by his presence. I believe that nature does all the repair without being helped one iota by treatment, that is, all return of muscular vitality occurs spontaneously. To the question "What can the surgeon do for these unfortunates?" the answer is about the same as to any other than palliative treatment, and I am sorry to say this is very little. In extreme cases the results at best are, I believe, worse than death, and it is not uncommon to have parents say when they hear the bad prognosis, "I would rather my child were dead." Every variety of deformity follows, according to the muscles whose power is lost. This is caused by contraction of muscles and by adaptation for gravity. The common treatment in these cases is to order electricity. The only good possible by this measure, is development by the exercise thus artificially produced of the muscles untouched by paralysis, or those spontaneously revived. When a muscle or group of muscles on one side of a limb is paralyzed I think harm may result from over-developing those upon other side, which tend to produce the deformity. Massage properly applied does every thing that can be done by electricity.

To sum up what I consider justifiable treatment, I will say that from the first these cases are essentially surgical, and that all the surgeon can do is to watch in the early stages for deformity and by the simplest apparel

^oRead before the Medical Society of Louisville, December 20, 1883.

prevent it; when deformity is present overcome it, and by the same simple mechanical appliances supply, as far as possible, the muscular loss, watching for spontaneous improvement; and if this improvement takes place in muscles so attached that their development would help in preventing deformity or aid in locomotion, develop them by massage and faradism. The prevailing idea that electricity has some curative action in this form of paralysis is to my mind fallacious. It can not possibly do any good to treat the branches when the roots and trunk of the tree are rotten. It is an unfortunate fact that when the physician or surgeon is called, the time has passed for active treatment directed to the cord itself. Thus good results of treatment, if they were possible, are prevented by a failure to recognize the trouble, or the time lost before the case is seen. The question of resecting at knee and ankle in old cases, and doing with bone what we do with steel, has been raised, and a number of operations done in Europe, the result of which has not been made known. I have resected the ankle in a bad case of valgus, of paralytic origin, with riddance from apparatus, and good locomotion. Often in old cases the apparatus may be dispensed with by the use of shoes constructed to fulfill the indication to a great degree. I close this paper with the hope that the members will see fit to give their views and their experiences relative to the nature and management of this disease.

**The Uses and Abuses of Braces:* The abuses to which mechanical appliances are put, and the fashion nowadays of bracing up every thing regardless of indications, scientifically speaking, induces me to ask your indulgence on the above subject for a short time.

It should be the endeavor of the mechanical surgeon to get rid of all the paraphernalia possible, and fulfill in the simplest manner the indications in each case. Let us take up first the subject of round shoulders. There are a thousand and one different braces for this common trouble, and I say there is not one case in a thousand in which a brace is indicated. The great effort is to get a comfortable shoulder-brace. What do we do with our brace in these cases? Simply what we don't want to do: take the place, by a brace, of the natural supports, the muscles, and by relieving them of work cause atrophy of some, simply increasing

the trouble unless you propose to let the patient wear the *comfortable brace* for life. What, then, is the proper treatment in these cases? Treat the patient's general condition, and institute exercises which will bring into play the muscles that are relaxed, especially the exercise of inhalation frequently repeated; make some garment tight in the back, not with the idea of giving support, but to cut in front, and in this way the patient will voluntarily hold back to get relief and bring into use the muscles desired.

Another instance of this abuse is the indiscriminate application of spinal supports. A surgeon should be *very* careful to have good indications for applying any of the spinal splints, whether of the plastic or steel variety, because marked damage may be and is done whenever they are applied to any case which does not require them. This damage we have to put up with in cases where the support is needed, but the indiscriminate application of braces to young ladies with spinal irritation, or often with no better indication than pain in the back, or to men suffering with locomotor ataxia, is to my mind almost criminal. In the treatment of lateral spine curvature, find first if there is a possibility of doing good, and discriminate as to the cause well before putting on any apparatus. Never put a fixed jacket on a person who has this deformity from a short limb. A case recently came to my notice, the surgeon in charge having made this mistake. The patient was a girl in whom a lateral curvature of the spine had been caused by a one-inch shortening of a limb. The prolonged restraint of the jacket prevented the development and impaired the function of the trunk muscles, to the serious injury of the patient. Nothing but harm can result from the use of the fixed jacket in this class of cases.

In cases of old infantile paralysis, a properly constructed shoe will often enable us to dispense with heavy and cumbersome apparel. By this means a great expense is saved, while the life of the patient is made much more endurable.

It is in the treatment of hernia that the abuse of surgical appliances is carried to the greatest excess, though it is not an uncommon thing to see a child suffering with Pott's paraplegia braced from the head to the feet, or a victim of spastic paralysis undergoing a similar torture.

LOUISVILLE, KY.

* Read before the Louisville Medico-Chirurgical Society.

Miscellany.

THE ARKANSAS STATE MEDICAL SOCIETY will hold its ninth annual session at Little Rock, on Wednesday, April 30, Thursday, May 1, and Friday, May 2, 1884, commencing at 10 A. M. on Wednesday.

The following Committees are expected to report at this meeting: On Medical Education, Dr. G. W. Hudson, Chairman; on Practice of Medicine, Dr. T. D. Nichols, Chairman; on Surgery, Dr. J. E. Bennett, Chairman; on Gynecology, Dr. J. T. Jelks, Chairman; on Medical Legislation, Dr. F. G. McGavock, Chairman; on Necrology, Dr. Isaac Fulsom, Chairman; Board of Visitors to the Medical Department of the Arkansas Industrial University, Dr. Z. Orto, Chairman, Drs. W. W. Hipolite, J. C. Wallis, J. E. Bennett, A. G. Henderson; on State Medicine, Dr. R. C. Pruitt, Chairman; Special Committee on County and Municipal Societies, Dr. L. P. Gibson, Chairman.

In addition to the above reports a number volunteer papers will be read. Fitting arrangements for the reception and accommodation of visitors will be made, and the usual reduced rates upon the railroads may be expected. The Secretary, Dr. L. P. Gibson, of Little Rock, will furnish to correspondents all desired information.

THE AMERICAN MEDICAL ASSOCIATION; SECTION OF PRACTICE OF MEDICINE.—The Chairman, Dr. John V. Shoemaker, of Philadelphia, submits the official programme for the meetings of the Section of Practice of Medicine, to be held in Washington, D. C., Tuesday, Wednesday, and Thursday afternoons, May 6, 7, and 8, 1884.

The following special subjects have been promised, and those who are announced to enter into the discussions have accepted, and will be present:

1. Discussion on "A Contribution to the Clinical Study of Epilepsy" will be opened by Professor William Pepper, of Pennsylvania. Dr. Roberts Bartholow, Pa.; Dr. Horatio Wood, Pa.; Dr. J. S. Jewell, Ill.; Dr. James T. Whittaker, Ohio; Dr. O. P. Hooper, Ark.; Dr. Eugene Grissom, N. C.; Dr. James E. Reeves, W. Va.; Dr. T. B. Lester, Kansas; Dr. Joseph P. Logan, Ga.; Dr. W. K. Bowling, Tenn.; Dr. John S. Moore, Mo.; Dr. James F. Hibbard, Ind.; Dr. J. J. Caldwell, Md.; Dr. John A. Murphy, Ohio, and Dr. A. P. Grinnell, Vt., are expected to take part.

2. A discussion on the "Clinical Study of the Heart Sounds" will be opened by Professor Austin Flint, sr., of New York. Dr. Edward Janeway, N. Y.; Dr. William Pepper, Pa.; Dr. Frederick C. Shattuck, Mass.; Dr. John H. Bemiss, La.; Dr. James Wilson, Pa.; Dr. Richard McSherry, Md.; Dr. James R. Leaming, N. Y.; Dr. John S. Lynch, Md., and Dr. A. B. Palmer, Mich., are expected to take part.

3. A discussion on "Tuberculosis" will be opened by Dr. Henry F. Formad, of Pennsylvania. Dr. Austin Flint, sr., N. Y.; Dr. William Welch, N. Y.; Dr. N. S. Davis, Ill.; Dr. George M. Sternberg, U. S. A.; Dr. R. S. Fitz, Mass.; Dr. Henry O. Marcy, Mass.; Dr. James Tyson, Pa.; Dr. Edward Janeway, N. Y.; Dr. Charles Dennison, Col.; Dr. Henry F. Campbell, Ga.; Dr. W. T. Belfield, Ill.; Dr. Alonzo Garcelon, Me.; Dr. E. O. Shakespeare, Pa.; Dr. G. C. Smythe, Ind.; Dr. Harold C. Ernst, Mass.; Dr. W. E. Geddings, S. C.; Dr. Trail Green, Pa., and Dr. John Lynch, Md., will take part.

The following papers are also promised: Ayres, S. G., M.D., New Theory and Instrument of Diagnosis.

Bartholow, Roberts, M.D., subject to be announced later.

Crawford, S. K., M.D., Etiology of Enteric Fever.

Duhring, Louis A., M. D., Dermatitis Herpetiformis.

Flint, Austin, jr., M.D., Dietetic Treatment of Diabetis Mellitus.

Green, T., M.D., New Official Chlorate. Griswold, Gaspar, M.D., Irregular Apoplectic Attacks from Other Causes than Hemorrhage and Embolism.

Janeway, Edward, M.D., Simulation of Pathognomonic Signs and Symptoms.

Jackson, S. K., M.D., Typhoid Fever.

Keyt, A. T., M.D., Retardation of the Pulse in Mitral Insufficiency.

Linn, G. A., M.D., Specific Treatment of Diphtheria and Croup.

Marcy, Alexander, jr., M.D., Muscular Hypertrophy of the Stomach.

Marcy, Henry O., M.D., The Germ-Theory of Disease.

Miller, J. P., M.D., Phthisis, its Successful Treatment.

Prentiss, D. W., M.D., 1. Importance of Uniformity in the Pharmacopeia. 2. A Plea for Greater Interest in the Pharmacopeia on the part of Physicians.

Reed, R. Harvey, M.D., Irritation of the Capsule of Glisson.

Schenck, W. L., M.D., Occult Causes of Disease.

Tyson, J., M.D., Milk Treatment of Disease.

Welch, William H., M. D., Pathology of Myocarditis.

Whittaker, James T., M.D., The Etiology of Pericarditis.

Wilson, James, M.D., The Diagnosis of Tumors of the Anterior Mediastinum.

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS.—The annual meeting of the Association of American Medical Editors will be held in Washington, May 15th, at 8 P. M., in Medical Hall, Southeast corner of Sixth and F Streets.

The annual address will be delivered by President Leartus Connor, M. D., on The American Medical Journal of the Future, as Indicated by the History of American Medical Journals in the Past. Dr. N. S. Davis will open the discussion on, How Far can Legislation Aid in Elevating the Standard of Medical Education in this Country? in which Dr. A. B. Palmer, Dr. Henry O. Marcy, Dr. L. S. McMurtry, Dr. C. H. Hughes, Dr. Frank Woodbury, Dr. William Brodie, Dr. A. N. Bell, Dr. William B. Atkinson, Dr. W. C. Wile, Dr. W. R. D. Blackwood, Dr. Henry Leffmann, and Dr. Deering J. Roberts will take part.

All members of the profession, especially journalists and authors, are invited to be present and take part in the meeting. John V. Shoemaker, M. D., 1031 Walnut Street, Philadelphia, is the Secretary.

THE Boston Medical and Surgical Journal says that in an elaborate paper on "Oliver Wendell Holmes, his Writings and Philosophy," by Robert Green, to be found in the Proceedings of the Literary and Philosophical Society of Liverpool for 1881, among other "facts" about Dr. Holmes the writer gives these: "Besides the Professorship at Dartmoor, he founded and carried on a medical school at Tremont and had a large private practice."

It must be confessed that this is no more singular than the biography of Tennyson we recently saw in an Indiana newspaper headed by a cut of Longfellow.

A FASTING ATAXIC.—It appears from a statement, which we owe to the courtesy of Mr. Charles Carey, of Bromsgrove, that there is, in the work-house of that union, a man whose power of sustaining life for a considerable period without food is very

remarkable. The man is named Hunt, and he is suffering from locomotor ataxy, with marked brain-symptoms, and complete loss of vision. He said that he was "ordered not to eat any thing by his Heavenly Father," and for thirty-five days he took no food, with the exception of a small piece of toast on the sixth day of his fast, and drank no liquid except water. During this period, he did not show any signs of unusual weakness, he was able to sit up in bed, his movements were quick and prompt, his voice loud, and his manner abrupt; he has been an invalid for about three years, and is unable to stand. Lately he has modified the rigor of his fast, and has consented to take milk and eggs.—*British Medical Journal.*

LACERATION OF THE GENITAL TRACT IN LABOR.—Dr. Henry Gervis (*Lancet*) advises the systematic, careful examination of the vaginal entrance at the conclusion of labor. He says: In the course of a year it is one's lot to see many cases of illness following delivery. In a very large proportion these cases are septic in character, and in many, when one asks, "Is the perineum all right?" the answer evinces that the matter has not been thought of as coming within the range of a necessary investigation. On looking, however, at the perineum, with very few exceptions, at or within its margin, or at the vaginal entrance, or on or about the vestibule, we find circumscribed sloughy patches, of greater or less extent, evidently corresponding with lacerations, trifling or even considerable, in the mucous surface of the genital tract, lacerations that very possibly are quite unavoidable, and which early attention with antiseptic dressing might have rendered harmless, instead of leaving them to become, as too often is the case, channels of entrance for septic matter. The importance of early surgical attention to a torn perineum adds further emphasis to the desirability of the inspection which I urge. And in addition to this double advantage I would in passing note that I have known several cases where the fact of a perineal tear not having been ascertained at the time of the confinement has led to much unpleasant subsequent correspondence and even legal proceedings. Equally, therefore, from the medical, surgical and social points of view, the careful examination of the outlet of the genital canal at the termination of every labor is a matter I would press as a duty of uniform importance.

EMPHYEMA.—Dr. I. Burney Yeo deals with purulent effusions into the pleural cavity by free incision, under strict antiseptic precautions and free drainage. The existence of a communication with the air-passages presents no bar to rapid recovery after such a procedure, and the existence of such an opening does not necessarily lead to decomposition of the purulent contents of the pleural cavity. In some cases the opening is probably valvular toward the lung, and is only pushed open when the tension in the pleura reaches a certain degree. But Sir Joseph Lister believes that the presence of the ciliated epithelium along the bronchial passages tends to keep septic particles which may be in the air from reaching the periphery of the lung, and that even though a little air may have escaped into the pleural cavity it would do no harm.—*Lancet*.

CRIMINAL ABORTION AND MURDER.—At the Liverpool Winter Assizes, on Tuesday, February 19th, Sarah Mallinson, a married woman, fifty years of age, was convicted and sentenced to death for the willful murder of Louisa Brierley, a single woman aged twenty-eight, by procuring abortion. William Smart, a clerk, of Huddersfield, was tried as an accessory before the fact, and was also convicted and sentenced to death. It appeared from the evidence that the deceased was pregnant by the prisoner Smart. The prisoner Mallinson received the deceased into her house in Sussex Street, Lower Broughton, Manchester, and after being there about a week the deceased died. The evidence made it perfectly clear that the female prisoner had used an instrument to the deceased on at least two occasions, and that death resulted from peritonitis in consequence. The post-mortem examination was made by Dr. Maguire and Mr. Stocks, of Salford. Mr. Justice Butt commented severely on the fact of Mr. Estcourt not informing the police as soon as he knew of the abortion having been procured, he having been called in by the prisoner Mallinson and having treated the deceased for peritonitis. The prisoner Smart was proved to have paid the female prisoner money for what she was to do, and the judge laid it down to the jury that if they believed that Smart induced the woman by an offer of money to perform the operation, he, though absent, was just as guilty of the crime of murder as if he had been present throughout. If two persons were engaged in an attempt to procure abortion, and the

death of the woman operated upon ensued, then they were undoubtedly guilty of murder.

This crime would appear to be rather common in Manchester and its neighborhood. Some years ago Alfred Thomas Heap was convicted at Liverpool under very similar circumstances, and was executed, having previously received five years' penal servitude for procuring abortion. And in 1859 a German practitioner (Stadt Müller) from the same city was convicted and sentenced to death for the murder of a woman on whom he had procured abortion, though in his case the death penalty was not inflicted. It is lamentable to see how little effect these sentences appear to have in checking this crime, and it must be evident that the cases which come before the courts form only a very small proportion of those which occur.—*Lancet*.

CONGENITAL RACHITIS DEVELOPED AND RECOVERED FROM BEFORE BIRTH, IN THE ABSENCE OF ALL INFLUENCE OF A SYPHILITIC CHARACTER.—(*Rev. mens des Mal. de l'E.*): The report of a case bearing the characteristics mentioned was given by the author to the Paris Society of Surgery at its séance December 19, 1883. The bony lesions seemed to have entirely healed, though the previous existence of the disease was undoubted. A careful examination of the father, mother, brother, and sister of the infant by the author, assisted by M. Fournier, failed to reveal the least trace or history of syphilis. Hence the opinion is justifiable, in the author's mind, that rachitis may exist without any syphilitic taint. This is contrary to the view which was promulgated and defended by Parrot.

UTERUS REMOVED PER VAGINAM.—Dr. W. A. Duncan, before the Obstetrical Society of London, recently exhibited an entire uterus with epithelioma of the cervix, successfully removed through the vagina, by Schröder's operation.

A PUPIL teacher, in an infant school, at Chertsey, suffering under nervous depression from, it is alleged, over-work in her studies, threw herself into the Thames and was drowned.—*Lancet*.

COL. GEO. L. PERKINS, of Norwich, Conn., who is ninety-six years old, said in a recent interview, "I have buried six family physicians, and still live."—*Med. and Surg. Rep.*

The Louisville Medical News.

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H. A. COTTELL, M. D., - - - - - Editor.

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TUBEROLE INOCULATION IN THE DEAD-HOUSE.

The Paris correspondent of the British Medical Journal notes a case reported by M. Verneuil, at a recent meeting of the Académie de Médecine, which would seem to show that tuberculosis may be acquired through inoculation by persons who make post-mortem examinations:

In July, 1877, a house-surgeon (interne) at the St. Eugénie Hospital, who performed all the post-mortem examinations, one day noticed a papule at the base of the nail of his third finger. The apex presented a white spot, and a few drops of pus escaped from it. It was frequently cauterized, but the phalanges became attacked and a cold abscess spread over the back of the hand. After three years' treatment, having failed to produce any improvement, M. Verneuil amputated the finger. The house-surgeon was believed to be cured, and practiced in the provinces. Quite recently he has been again attacked by cold abscesses in the lumbar region, causing intense pain; during violent attacks of pain the arms exhibit clonic convulsive movements. M. Verneuil has operated a second time. He is convinced that his patient became inoculated with tuberculosis when performing a necropsy. A similar misfortune happened to Laënnec. One day, when operating on a tuberculous patient, he slightly cut himself with a saw. A swelling appeared on the wounded part. Laënnec cauterized it with antimony-chloride. The swelling disappeared, but twenty years subsequently he died from tuberculosis.

Leaving out of the account the case of Laënnec, which would seem to give the disease a little too much latitude in latency, the great physician having had abundant opportunity to contract phthisis in other ways, through his almost life-long contact with tuberculous patients in his investigations of the disease through the hospital wards, the case of Verneuil is sufficient to fix attention upon the point in question. And doubtless many more of the same kind could be found, should a careful investigation of the subject be undertaken.

The discovery of the bacillus tuberculosis and the subsequent thorough investigation of tuberculous disease have placed beyond doubt the fact that it can be transmitted from animal to animal with the utmost ease through inoculation, while the failure of antiseptics, except in concentrated form, to reduce the virulency of tuberculous matter, puts the risk of accidentally acquiring phthisis in the first place among the perils of post-mortem work.

As an example of the readiness with which the germs of tubercle may be planted in the living animal, the following, taken from Watson Cheyne's observations in Koch's laboratory, should be seriously pondered. He says:

"On August 1st a rabbit died which was inoculated, on July 6th, into the eyes with the sixteenth cultivation from a case of spontaneous tuberculosis of a monkey, the first cultivation having been made on October 14, 1881. In the right eye the point of the syringe was introduced into the anterior chamber, and *the piston only just touched*. In the left eye the point was introduced, but immediately withdrawn again, *the piston not being touched*. The right eye was seen to be completely converted into a cheesy mass, and tubercles were present in the conjunctiva, especially at its reflection. The left eye still showed well-marked tuberculosis of the iris, with commencing caseation at the point of inoculation, and tubercles in the cornea. The glands below the jaw were enlarged and beset with grayish points. The

lungs, liver, and spleen were full of minute tubercles. These were largest in the lungs, where there was commencing caseation at the center of the nodules, with hemorrhages around the cheesy points."

Mr. Cheyne cites three other instances in which the animals, inoculated in the same manner, presented, after about the same lapse of time, essentially the same tuberculous lesions.

With these facts in view, it is time that those who pursue the study of pathology in the laboratory or dead-house should take warning, and that the too common carelessness of this class of operators should be corrected. "A little leaven leaveneth the whole lump," and just as surely will an infinitesimal particle (a single bacillus, if you choose,) of tuberculous matter, entering beneath the epidermis diffuse (proliferate, and swarm) through the body until the whole man is made tuberculous.

As he who experiments with nitro-glycerine takes the chance of being hoisted into eternity, so he who cuts and handles the affected organs of a tuberculous subject runs great risk of being called to take passage for the same point by a more tedious and painful route. A slip of the knife or a prick of the needle may rob a young man of a life which is just beginning to be worth the living, or shut off from science the effulgence of a brilliant light. Being forewarned, let the physician then be fore-armed against this great peril, going into every doubtful post-mortem well fortified against slips and abrasions, and, remembering that antiseptic washes and lotions are here of little or no avail, let him use the only certain means of protection in reach, a pair of thin rubber gloves; for no matter how much he may dislike shams or undue refinements in practice, or shrink from the imputation of cowardice or affectation in the dead-house, he will not lose caste or credit with any wise member of the profession if he openly avows the opinion that a tuberculous cadaver is at least one subject which should not be handled without gloves.

SPEOULUM MATRICOIS.

Much has been written recently about the loss of this valuable work, the property of Dr. Fordyce Barker, whose copy was supposed to be the only one extant. The circumstances of its mysterious disappearance with the strange man who had been employed to make a copy of it are already familiar to our readers. The book is either lost or in the hands of some moldy second-hand dealer who may hope to make a raise by its sale. A letter from Dr. J. H. Averling to the British Medical Journal shows that the loss of this copy is not so serious as was at first supposed, since another copy "exists (dated 1671) in the Radford Library of Saint Mary's Hospital, Manchester."

Sainted old James Woolveridge, the author, looking down from some heavenly hill upon this ungrateful world, must have indulged in a smile which betokened a faint trace of the old Adam in his soul as he reflected upon the slender chance which had brought his once influential name before the medical profession after it had been all but forgotten for more than two hundred years.

The medical writer as a rule must be content with contemporary honors. The chances are that in less than half a century after his death none but the book-worm will know even his name, no matter how hard he may have worked or well he may have written.

NOT ROUGH ON RATS.

According to M. Pouchet, the French rat is proof against the trichinæ of American pork. A quantity of pork condemned by the sanitary inspector was fed to five rats for six weeks without effect save a slight diarrhea. Specimens of the rats' muscle were carefully searched, but no trichinæ were found.

This would seem to make against the theory, held by some wiseacres, that the rat is one of the articles of diet through which the

hog acquires the trichina. We must confess that we have always been inclined to doubt the theory, in view of the fact that cats are known to thrive upon raw rat flesh, and that a diagnosis of trichinosis has never to our knowledge been made in a sick cat.

Query: Was the pork salted or smoked, and if so, were the trichinae alive? or might not the pork have been held so long by the inspectors that the parasites were already dead of old age at the time of the experiment?

THE ANCHORAGE ASYLUM.

On the 14th instant the Governor appointed Dr. H. K. Pusey, of this city, Medical Superintendent of the Anchorage Insane Asylum in the place of Dr. R. H. Gale, resigned. Dr. Pusey is a Kentuckian, a gentleman, and a physician of high attainments. In his appointment the profession is honored, while the State secures an able and efficient officer.

Bibliography.

Veterinary Medicine and Surgery in Diseases and Injuries of the Horse. Compiled from Standard and Modern Authorities and edited by F. O. KIRBY. Illustrated by four colored plates and one hundred and sixty-eight wood engravings. (Wood's Library of Standard Medical Authors.) New York: Wm. Wood & Co. 1883.

This book, though put forward as a compilation, is one of the most attractive and readable of this particular series, and must prove popular with all persons who have much to do with horses. To the physician especially its value is manifest, for, though somewhat out of his line of study, more or less technical knowledge of horse flesh, in an anatomical, physiological, and pathological way, is expected of him by virtue of his familiarity with the human body in health and disease.

In the work under notice will be found quite as much practical information relative to the management of sick horses as the physician can find time to acquire, and the author has developed his theme so systematically and with such simplicity in wording and fullness of illustration that,

with a general knowledge of medicine, a mastery of its contents can be gained almost at a single reading. The volume contains 332 pages which are divided into fifteen chapters. In these the following topics are discussed:

Chapter 1, Introduction, devoted to Nursing, Feeding, Water, Methods of Administering Medicine, Slinging, Casting, Bandaging, and Various Appliances for the Managing of Sick, Injured, or Unruly Horses; Chapter 2, Diseases of the Respiratory Organs; Chapter 3, Of the Digestive Organs; Chapter 4, Of the Brain and Nervous System; Chapter 5, Of the eye; Chapter 6, Of the Liver; Chapter 7, Of the Urinary Organs; Chapter 8, Of the Skin; Chapter 9, Diseases and Injuries of the Legs; Chapter 10, Of the Feet; Chapter 11, General Contagious and Entozoötic Diseases; Chapter 12, Flesh Wounds; Chapter 13, Ulcer and Fistulae; Chapter 14, Age, as Indicated by the Teeth; Chapter 15, Posological Table for the Horse, with the Action of Medicines.

So far from losing, the value of the work is enhanced in that it is a compilation, for the author has thus been able to select with rare judgment the best teachings of the most noted authorities in veterinary medicine and surgery, which make the book not only an admirable working manual, but an excellent introduction to the study of the more elaborate works in this department of medicine.

A Manual of Practical Hygiene. By EDMUND A. PARKES, M. D., F. R. S.; edited by F. S. R. FRANÇOIS DE CHAUMONT, M. D., F. R. S. Sixth edition, with an appendix giving the American Practice in matters relating to Hygiene, prepared under the supervision of Frederick N. Owen, Civil and Sanitary Engineer. Vol. 2. (Wood's Library of Standard Medical Authors.) New York: Wm. Wood & Co. 1883.

We gave our readers a notice of the first volume of this work some months ago. The body of the book has long been classic in this department of scientific literature, and is well known to all who take interest in sanitary matters. A noteworthy feature of the second volume is the appendix, devoted to the American Practice in matters of Hygiene, which has been prepared under the direction of Mr. Owen.

This part of the work consists of an introduction, relative to general sanitary matters in the United States, and treatises upon the following subjects:

Water, by Elwyn Waller, Ph. D., Chemist to the Health Department of New York City; The Characters and Distribution of American Soils, by N. T. Britton, Ph. D.; Climatology and Meteorology, by J. G. Richardson, M. D., Professor of Hygiene in the University of Pennsylvania; Ventilation and Warming, by D. F. Lincoln, M. D.; Removal of House-waste, by Edward S. Philbrick, M. A., S. C. E., Boston, Mass.; Food Adulteration, by E. G. Love, Ph. D.; Disinfection and Deodorization, by Roger S. Tracy, M. D., Sanitary Inspector of the Board of Health, New York; Vital Statistics, *ibid*, and Some Hints to Sanitary Inspectors, by Frederick T. Owen.

These articles have been carefully prepared by men of recognized authority in hygienic science, and serve to adapt the work in every way to the needs of the profession in America.

Corpulence, and its Treatment on Physiological Principles. By Dr. WILHELM EBSTEIN, Professor at Goettingen. Translated and adapted for popular reading, by Emil W. Huber, M.D. New York: Brentano Bros. 1884.

The fundamental idea of this little book is that the obese patient must follow a reduced regimen for his whole life. The author differs from Banting in allowing fatty food in abundance. Meat and fat are his chief articles of food. Sugar, starch, and foods which contain them are forbidden, but one great hydro-carbon group, the fatty substances, may be indulged in without stint. This system is much less trying than the old Banting plan, and on the author's account is certainly as successful as that ever claimed to be.

J. W. H.

Correspondence.

RUPTURE OF ABDOMINAL MUSCLES DURING LABOR—STRANGULATED UMBILICAL HERNIA.

Editor Louisville Medical News:

Mrs. H., aged fifty-four years, weight three hundred and twenty pounds, height five feet two inches, had borne eight children. During her last labor, sixteen years ago, she suffered much more than usual on account of the large size of the child. In one of the severest expulsive pains, which she was assisting with all her volition, she

suddenly felt something tear and give way about the umbilicus, accompanied by excessively sharp pain.

There was no decided fever during the following week, but more or less local tenderness was noticed. Patient was out of bed in eight days, when she first noticed a small tumor at the umbilicus. This mass was reducible, and the rent in the abdominal muscles, under the skin, was easily made out. It was about two inches long.

The knuckle of intestine was kept back by a bandage for a time; but as the years went on the bandage became oppressive and was not worn. The hernia continued to enlarge until it reached the dimensions of a full sized modern "plug" hat, and was suspended from the abdomen like a huge lipoma. Pads, compresses, bandages, etc., of various kinds were tried without avail. The hernia was reducible only with great difficulty, and continuous pressure was insupportable.

Of late years, strangulation with all its horrors—stercoraceous vomiting, collapse etc.—had occurred several times; but I was always fortunate enough to reposit the gut in a very short time. A radical operation was proposed, but firmly declined.

During the last attack of strangulation I was not sent for until about thirty-six hours after the onset. The family had faithfully tried the usual measures recommended by me without avail; hot affusions, large and repeated enemas of warm soap water, and gentle taxis, then cold affusions, ether applications and small doses of morphia. It was fully twenty-four hours before I was able to replace the bowel, check the fecal vomiting and procure a stool. I accomplished this mainly by the hypodermic injection of belladonna, repeated every two or four hours, about two drops of Magendie's solution accompanying each dose.

Patient was so much better on the two days following that all danger was supposed to be over. Temperature 100°, pulse 82, still very weak, but much stronger than during the attack; two normal stools each day.

On the second night I was sent for. The family stated that the patient had been flighty during the day, and showed signs of distress in breathing with frequent smothering spells. I found the patient semi-comatose, pulseless, and cold.

The fact is worthy of notice that dissolution did not take place until at least five hours after the disappearance of the pulse.

How long the patient was pulseless before I arrived I can not say. No autopsy was permitted to be made.

The main points intended to be brought out by the above report, are:

Rupture of abdominal muscles during labor.

Absence of secondary symptoms following this accident.

Enormous size of umbilical hernia.

Preparatory treatment of strangulation, by belladonna and morphia after other means had failed, before reduction.

Death from fatty disease of the heart, following continued shock after convalescence had apparently begun.

L. S. OPPENHEIMER, M.D.

SEYMOUR, IND.

Selections.

SOME NOVELTIES IN THE TREATMENT OF NASAL POLYPI.—In the removal of polypi, whether by snare, forceps, or cautery, it is very difficult to be quite sure that the whole of the growths has been extracted. It is probably due in part to this uncertainty that polypi are so liable to recur. Often, no doubt, rootlets or fragments of one or more of the growths remain behind. If therefore we can by more thorough extirpation avoid this uncertainty the chance of recurrence is so far diminished; for though it is possible that the diseased mucous membrane has a tendency to reproduce the same morbid overgrowth, yet, *ceteris paribus*, the more complete the operation the less will this tendency show itself. The object then to be attained is to detach the polypi as close to the bone as possible, and it is even better in some cases to remove a portion of the turbinated bones with them. It is generally tolerably easy to get away those polypi which hang near the anterior apertures of the nostrils, but for the complete removal of those more deeply situated the usual methods are often insufficient. To meet this difficulty I have devised the polypus ring-knife (made by Messrs. Krohne and Sese-mann). It consists of a rod of softish steel (which allows of being somewhat bent to any desired curve), which, with the handle and the ring-knife, measures eight inches and a half. The handle resembles that of a door-key, and is large enough to admit two fingers; at the other extremity is the knife, of oval form and one inch and a quarter

long, being at its widest part five eighths of an inch broad. The outside of this ring is thick and blunt, its inside beveled, and with a cutting edge extending round the semicircle farthest from the handle. The knife when used is passed along the lower part of the nostril with its sides parallel to the septum, until it reaches the posterior aperture of the nares. At the same time the forefinger of the left hand is passed behind the velum palati and hooked up in the posterior aperture of the nostril. If there are any pendulous portions of polypus in the pharynx they can now, by a little manipulation, be slipped through the ring of the knife, which is then directed by the finger toward the outer wall of the nostril. The instrument is then slowly withdrawn, and, as it passes forward, is made to scrape away the polypi from their attachments to the bone. The operation is necessarily painful, and can be best done under an anesthetic, the mouth being kept open by the use of a Mason's gag. The instrument thus used can be directed with considerable precision, and is, I think, preferable to forceps, when the polypi are deeply seated, and especially when of the sarcomatous or firm myxomatous variety. If the antrum is involved, the blade may be passed into it after the curve of the shank has been somewhat altered. But to reach the extreme depths of this cavity the ring-knife used by Meyer for adenoid vegetations of the pharynx is well adapted. I have succeeded quite recently in clearing out the antrum with these two instruments in a case of recurrent myxo-sarcomatous polypi, without laying open the *alae nasi*. In this case, however, I followed up the treatment by the application at intervals during several months after of the acid pernitrate of mercury to spots on the surface of the mucous membrane, at which there seemed a tendency to return of the growths. The application of nitric acid, or acid pernitrate of mercury or similar fluid escharotic, in such a narrow channel as the nostrils seems at first sight a somewhat formidable and dangerous proceeding; but when carefully done with the aid of the platinum cannula, and under a good light from the short-focus mirror, the proceeding is not really dangerous nor painful. The platinum cannula is guided carefully to the spot to be cauterized. A pencil of wood previously dipped into the acid is then passed along it, and when it reaches the aperture in the cannula is made to press against the diseased tissue. The surround-

ing parts are thus completely protected, and if the point charged with the acid is again drawn into its sheath before the instrument is withdrawn only a limited area of mucous membrane is touched. A slough, of course, forms, and becomes detached in the course of a week, or less. This plan has succeeded very well in some of my cases. It should, I think, be employed in all cases of polypi, whether gelatinous or sarcomatous, after the removal of the principal mass, but, of course, only after such an interval has elapsed from the time of the first operation as to allow of all swelling having subsided, and so to enable the operator to get a clear view of the parts with the rhinoscopic mirror. From three weeks to a month from the first operation is about the best period. It is, I think, only by repeated applications at intervals of a few weeks for several months that we can hope for a satisfactory result. I am not prepared to say that this plan is never followed by recurrence of the diseased growths, but I think it offers a good prospect of retarding it in all cases, and it has certainly appeared to me to delay the recurrent form of polypi from reappearing for an indefinite time.—*W. Spencer Watson, F.R.C.S., in the Lancet.*

LESIONS OF THE EYE DUE TO RHEUMATISM.—Prof. Panas lately delivered a very interesting lecture at his clinic at the Hotel Dieu on this subject. He began with the statement that the relation between affections of the eye and the different diatheses was little known among the ancients, and it was only at the end of the last century that the idea of connecting rheumatism with diseases of the eye was entertained. The classification of ocular affections was somewhat confused as regards the diathesis. Thus we find acute glaucoma classed among the rheumatic affections of the eye. In our own time there is less confusion in the classifications; but, notwithstanding the improved methods of diagnosis at our disposal, there is yet a great deal to be done in the way of assigning each disorder or group of disorders of the eye to its proper diathesis. For instance, iritis is for the most part ascribed to syphilis; it is, indeed, the tendency of the day to put down almost every manifestation of disease to that affection. According to M. Panas, the proportion of iritis due to syphilis is not nearly so great as is generally given in classical works on ophthalmology, and a larger margin may be left for rheumatismal iritis, with which

iritis of syphilitic origin is so frequently confounded. The one is perfectly distinguishable from the other, the former assuming always the serous form, whereas the latter assumes the plastic form. Rheumatismal iritis is, therefore, also termed serous iritis, and is accompanied by extravasation of fluid into the anterior chamber of the membrane of Descemet, which M. Panas considers pathognomonic of this affection. Moreover, the synechiæ that are produced in rheumatismal iritis are easily broken; this is an important element in the prognosis of the disease, and is to be met with only in rheumatic subjects, particularly of the chronic form; it is very frequently also found among gouty individuals, but it exists rarely as a complication of acute articular rheumatism. The cornea is less susceptible to the influence of rheumatism; and, strange to say, the sclerotic is not mentioned in this connection, as *a priori* the fibrous nature of this membrane would seem to point to it as the seat of predilection of the manifestations of a rheumatic or gouty nature. After entering into considerations of other parts of the eye in connection with rheumatism, Prof. Panas stated that ophthalmologists are as yet undecided as to classifying conjunctivitis among the manifestations of rheumatism, as it is so easily confounded with conjunctivitis resulting from other causes. As regards treatment, the lecturer dwelt upon the necessity of combining general with local measures, keeping in view the diathetic connection that may exist between rheumatism and the ocular affection, without which the treatment must end in a lamentable failure; thus, salicylic acid for the rheumatic diathesis, mercury for the syphilitic, colchicum for the gouty, and iodine for the scrofulous.—*Lancet.*

CHLOROFORM ALBUMINURIA.—In man, after the administration of chloroform vapor, as in a prolonged operation, the urine sometimes contains albumen for a short period. Mr. Bouchard has recently read a paper on death following the subcutaneous injection of chloroform in animals. The injection of one cubic centimeter of chloroform, having a mean weight of 1709 grams, under the skin of the thigh of rabbits, was always followed by albuminuria and death in three days. If the dose injected be less, death may ensue after one or more injections. In the dog the injection of one cubic centimeter of chloroform per kilogram of body-weight gives rise neither to albumi-

nuria nor death. To bring about a fatal result, two cubic centimeters per kilogram of body-weight are required. Neither the rabbit nor the dog ever suffered from any local effects (inflammation or gangrene) at the site of puncture. In man, M. Bouchard has never observed albuminuria after the subcutaneous injection of chloroform, even when the dose was as large as five cubic centimeters. Histological examination of the renal tissues of rabbits after death resulting from the subcutaneous introduction of chloroform showed merely intense congestion. The blood is said not to have contained an excess of urea. Uremia can not, therefore, be the cause of death, so argues M. Bouchard; neither is there a direct poisoning by chloroform. Furthermore, when twenty cubic centimeters of chloroform, after having been dissolved in alcohol and water, are introduced directly into a vein, anesthesia is produced, and albuminuria and hematuria result, but the animal always survives. Death is, moreover, not due to reflex action, for it ensues if all the nerves of the leg on which injection is performed be divided.—*Lancet*.

THE CAPILLARY PULSE.—In a dissertation recently presented to the Paris Medical Faculty, and commented upon in the *Gazette Hebdomadaire de Médecine et de Chirurgie*, M. A. Ruault draws attention to the physiological and clinical characters of the visible capillary pulse. It is well known that, under normal circumstances, the flow of blood, which is intermittent in the arteries, becomes apparently-continuous in the capillaries. It has, however, been proved by Frank, Fick, Mosso, and others, that the volume of every organ is slightly increased during each contraction of the heart. This physiological capillary pulse can be felt easily in the hand or foot when these are compressed with a tight glove or shoe. In certain cases the pulsations become visible, especially in the subungual tissue of the fingers and on the skin of the forehead; but they may be observed also on the inner surface of the lower lip, in the fundus of the eye, and on the skin of the abdomen, thighs, and hands. A physiological pulsation can often be elicited and seen in the pulp of the fingers by pressing them gently against a decanter full of water, and looking at them through the fluid and glass. This experiment succeeds best when there is some temporary cardiac excitement; for example, during digestion. Another method, described by M. Gauteur,

consists in freezing a finger with an ice-bag. When the finger begins to thaw, subungual pulsations become visible and last some hours. Lebert was the first to notice capillary pulsations on the cheek of a patient suffering from aneurism of the aorta. Quincke, in 1868, and Becker, in 1871, published papers on the subject: while M. Gripat showed that subungual pulsations were most marked in cases of aortic lesions. An English practitioner then had the idea of studying the capillary pulse on the red patch which appears on the skin of the forehead after it has been rubbed with the finger. Alternations of redness and pallor become visible on the border of the patch. The patient must be placed at some distance from the observer, and in a good light. Under some abnormal circumstances, the capillary pulse becomes very apparent and nearly constant. This is especially the case in compensated aortic regurgitation; there are then hypertrophy and dilatation of the heart, diminution of elasticity of the arteries (with or without atheroma), and spasmodic contraction of the capillary vessels. All these conditions, as will be seen hereafter, are favorable to the appearance of capillary pulsations. The pulsation may be useful for diagnostic purposes when there is considerable dyspnea, and when pulmonary râles or pericardiac friction sounds prevent a satisfactory examination of the heart. Dr. Tapret is said to have diagnosed an aortic lesion in one of his friends by simply noticing capillary pulsations on the red mark left on his forehead after he had taken off his hat.

It must be said, however, that the capillary pulse can not be considered as quite characteristic of aortic regurgitation. M. Ruault has seen it in three cases of interstitial nephritis with arterio-sclerosis, in two cases of arterial atheroma and in two of chlorosis; but in all these the pulsations were less marked than in aortic regurgitation. M. Legroux has observed several cases of well-marked aortic regurgitation where no capillary pulse could be detected. On the other hand, he has seen it appear and last several days in a case of extreme anemia from uterine hemorrhage, and in typhoid fever when the temperature was high; also in atheroma of the arteries without aortic lesion, in general paralysis, chronic lead-poisoning, and tabes. M. de Brun has observed a case of hemiplegia from arterial thrombosis in the brain, in which there was subungual pulsation on the sound side only.

Basing himself on some experiments of Marey and Frank, M. Ruault emits the opinion that the capillary pulse can only occur when the elasticity of the capillaries is diminished; a spasmodic contraction of the arterial walls can counterbalance and even annihilate the effects of their elasticity. It has been proved by Frank that in compensated aortic regurgitation the arterial pressure is increased, and that the capillaries are in a state of permanent spasmodic contraction; their lumen and their elasticity are both diminished, while the systole of the heart is abnormally strong. Under these circumstances, the flow of blood becomes markedly intermittent in the capillaries. This theory is supported by the fact that, in two patients of Dr. Tapret's, the capillary pulse disappeared for a time after an injection of morphia. On the other hand, M. Ruault's theory does not explain the occurrence of the capillary pulse in anemia and typhoid fever, so that further observations are called for and promise to lead to interesting results.—*British Medical Journal*.

GASTROSTOMY IN THE OLDEN TIME.—Dr. James Dixon, in a letter to the Times and Gazette, brings to light the following, which must prove of great interest to the surgical antiquary:

The patient was Andreas Gruenheide, a peasant of Gruenwald, near Königsberg. On May 29, 1635, wishing to induce vomiting, he took up a table-knife by the blade and with the handle tickled his fauces. The knife slipped from his hold, and after a short delay in the esophagus entered the stomach. He tried the very simple plan of placing himself with his head downward, but finding that the knife did not stir, he went to Königsberg, and applied for advice to Dr. Becker. The whole *collegium medicum* of the city were invited to deliberate on the case, and a further opinion was requested from the medical faculty of Leyden. These learned doctors returned a solemn reply, divided into ten heads, finally sanctioning an operation. Dr. Becker encouraged the man to submit, by relating a similar case which had been successfully operated on at Prague, and then, on July 9th handed him over to Daniel Schwaben, "Surgeon and Lithotomist." All present having joined in solemn prayer for success, the man was bound to a plank, and the surgeon made a vertical incision below the false ribs on the left side, two fingers' breadth long. This seems a very small opening; and,

indeed, in all the three drawings it is represented as a full hand's breadth from end to end. Lakin speaks of the "two fingers breadth" as indicating the point below the ribs where the incision was begun, not the length of the incision itself. The abdominal cavity having been opened, the stomach was caught up with a curved needle and drawn forward. In doing this the point of the knife was felt and cut down upon, then seized, and the knife drawn out. No attempt was made to close the wound in the stomach, which is described as spontaneously shrinking together. The external incision was united with five sutures, over which a most fantastically compounded poultice was applied. Nutritive enemata, it seems, were not thought of, and some soup was taken by the mouth on the very day of the operation, and was followed up by a powder and mixture. The patient appears to have resumed his ordinary diet within a few weeks after the operation. The wound healed completely; the man regained his health, and in 1643 was married; the name of the bride and the date and place of marriage being duly recorded by Dr. Becker in his MS. Another proof that the patient was living several years after the operation is afforded by a quaint entry in the diary of John Evelyn. He visited Leyden, and under date of August, 1641, describes his visit to the anatomy school, where, he says, "among other rarities I was shown the knife newly taken out of a drunken Dutchman's gut, by an incision in his side, after it had slipped from his fingers into his stomach. The pictures of the surgeon and his patient, both living, were there." In Becker's MS., in his book, and in Lakin's translation, the patient is shown with the incision in his abdomen; and in the margin the knife is depicted of its natural size. The blade and handle together measure about seven inches. Dr. Hagens, in concluding his paper, mentions the celebrated case of "*l'homme à la fourchette*" at Paris, and Félicet's "*taille stomacale*" for extracting a spoon; Schwaben's knife, he adds, completes the *Besteck*.

EMPYEMA FOLLOWED BY ABSCESS OF THE BRAIN.—Dr. de Havilland Hall presented, at a recent meeting of the Clinical Society (Medical Times and Gazette), the following:

S. N., aged nineteen years, a pupil teacher, admitted into the Westminster Hospital, August 20, 1883. The patient had empyema, following an attack of acute pleurisy,

three years previously. She had been tapped, and a drainage-tube left in. When first seen by Dr. Hall at Christmas, 1881, she was suffering from hectic in consequence of imperfect flow of pus; immediately, however, that perfect drainage was established, her condition improved, and for a year she was able to resume her duties. The reason of her last admission into hospital was the hope that the chest had sufficiently fallen in to allow of the withdrawal of the drainage-tube; but when this was done the evening rise of temperature which occurred showed that pus was accumulating, and the tube had again to be introduced. Just as the patient was about to return home, she began to complain of headache; this was followed by vomiting. On the eleventh day from the onset of cerebral symptoms the temperature, which previously had been subnormal, began to rise. There were slight convulsions on the left side of trunk and face, the drowsiness became more profound, and she died comatose. Shortly before death there was a copious purulent discharge from the left nostril. At the post-mortem examination, which was made by Dr. Hebb, the left pleura was found extremely dense, a cavity capable of containing several ounces of fluid lay between the opposing surfaces; elsewhere the parietal and visceral pleuræ were united. On removing the brain, an abscess in the left posterior lobe burst; no other pathological appearance was detected. The abscess, spherical in shape, and about the size of a hen's egg, lay in the white matter, the walls were nearly an eighth of an inch thick, hard, and of a purplish brown color; the contents were a thick greenish pus, which had an offensive odor. In commenting on this case, Dr. Hall insisted on the importance of having a double opening in cases of empyema, the lower one being made, if possible, in the eleventh inter-space—a drainage-tube being passed through the two openings, and the ends tied together. By this means perfect drainage is attained. He claimed the case under consideration as a success, so far as the empyema was concerned, as the treatment was so far beneficial that the patient was able to resume her duties; whereas, prior to the double opening being made, she was much exhausted by the constant suppuration, and consequent hectic. Turning to the question of cerebral abscess, Dr. Hall mentioned some cases in which this disease had followed empyema. In his case the thick abscess wall

pointed to its being of many months' duration; the absence of symptoms till toward the end being explained by the seat of the lesion being at a distance from the motor and sensory centers, which apparently were not compressed. The two symptoms which ushered in the terminal period, viz., headache and vomiting, were those commonly observed in such cases. He was unable to give any explanation of the discharge of pus noticed from the left nostril shortly before death. At the autopsy, in spite of careful search, no appearance of suppuration was detected at the base of the brain, and there was no communication between the abscess and the nose.

Dr. Burney Yeo expressed his conviction that the best operative means of evacuating pus from the pleura was that of excision of portions of ribs, as carried out by Sir Joseph Lister at King's College Hospital. He made especial mention of three cases, in all of which the most satisfactory results had been obtained. The opening had generally been made in the seventh intercostal space in the posterior axillary line. This spot was not chosen arbitrarily, but was generally indicated in each case. It was preferable to any point lower down, because of the frequent accumulation of thick layers of fibrin at the more dependent parts, and also because of the fact that the ribs in such cases are usually closely approximated to one another below the level of the eighth rib. He remarked upon the preference of German surgeons for selecting the anterior parts of the chest from the same reasons.

THE IMMUNITY OBTAINED AGAINST A SECOND ATTACK OF CONTAGIOUS DISEASE. One of the most extraordinary and unaccountable experiences in medicine was the immunity secured by a single attack of a communicable disease against future attacks of the same kind. Smallpox, typhoid or scarlatina, for example, was found, as a general rule, to occur only once in the lifetime of the individual, the successful passage through the disorder apparently rendering the body invulnerable. Reasoning from analogy, I have ventured to express the opinion that the rarity of second attacks of communicable diseases was due to the removal from the system, by the first parasitic crop, of some ingredient necessary to the growth and the propagation of the parasite.

The cultivation of micro-organisms, which is now every where carried on, enables us to

realize the smallness of the changes which in many cases suffice to convert a highly nutritious liquid into one incapable of supporting microscopic life. Various important essays bearing upon this subject have been recently published in the *Revue Scientifique*. M. Bouley there draws attention to the results obtained by M. Raulin in the cultivation of a microscopic plant named *aspergillus niger*. The omission of potash from Raulin's liquid suffices to make the product fall to one twenty-fifth of the amount collected when potash is present. The addition of an infinitesimal amount of a substance inimical to the life of a plant is attended with still more striking results. For example, one part in 1,600,000 of nitrate of silver added to the liquid entirely stops the growth of the plant. And now we come to the important application of this fact which has been indicated by M. Duclaux. Supposing the *aspergillus* to be a human parasite—living contagium—capable of self-multiplication in the human blood, and of so altering the constitution of that liquid as to produce death; then, the introduction into the blood of a man weighing sixty kilograms of five milligrams of the nitrate of silver would insure, if not the total effacement of this contagium, at all events the neutralization of its power to destroy life. The index finger here points out to us the direction which physiological experiment is likely to take in the future. In anticipation of the assaults of infectious organisms, the experimenter will try to introduce into the body substances which, though small in amount, shall so affect the blood and tissues as to render them unfit for the development of the contagium. And subsequent to the assault of the parasite he will seek to introduce substances which shall effectually stop its multiplication. There are the strongest grounds for the hope that in the case of infectious diseases generally, such protective substance will be found.—*Prof. Tyndall, in the Pall Mall Gazette.*

MULLEIN IN PHTHISIS.—The purchaser should take care that he gets the great mullein (*verbascum thapsus*), which can be distinguished from the other mulleins (which are comparatively useless) by its thick mucilaginous and woolly leaves, as these other mulleins are frequently supplied by design, or as often by ignorance. When the great mullein leaves are very young, they bear strong resemblance to young foxglove leaves.

The quantity of mullein is three ounces of the green leaves, which should be boiled for ten minutes in a pint of new milk. This should be strained, slightly sweetened with lump-sugar, and drunk warm. This quantity should be taken twice or three times a day, and is liked by the patients. There is no doubt of its efficacy as a curative in the earlier, and as a palliative in the later, stages of pulmonary consumption; and I have a number of new cases with weighings proving this, which I trust later to present in a very abbreviated form in your columns. The green mullein leaves can be had nearly all the year round, and are very superior to the dried; and it is hardly necessary to add that fresh mullein leaves should be used for each milk-decoction.—*F. J. B. Quinlan, M. D., in British Med. Jour.*

VACCINE VIRUS EFFICACIOUS WITHOUT THE PRODUCTION OF CUTANEOUS MANIFESTATIONS.—(*Rev. mens. des. Mal. de l'E.*): The usual supposition is that vaccination has been ineffective if, after several days, the characteristic pustules do not appear. That this is not always the case appears from the experience of the author of this paper. He vaccinated, upon the same day, five infants from three to five months of age with virus from a young heifer, obtained fresh a few hours before it was used. In two cases the vaccination took unmistakably. In a third, after a few days, there was swelling and also pain at the point of vaccination puncture—the operation having been performed by thrusting a cannulated needle, charged with the virus, into the muscular tissue of the arm. An abscess was supposed to be imminent, and treatment proper for such a condition was adopted, but no abscess resulted. In the fourth case swelling was also noticed at the points of puncture ten days after the operation. In the fifth case there was also slight local swelling. After ten days there remained of the swelling, in these three cases (which alone are of interest in this connection), nothing but a few small nodosities, which, however, could be plainly felt, either in the fatty or the muscular tissue. Traces of them remained for more than six weeks. While they were yet plainly perceptible revaccination was practiced, with all possible precautions, in both arms in each case. Results: In one, redness and swelling in thirty-six hours in both arms, an evidence of the so-called false vaccination, which is a local manifestation that the patient is still protected by an antecede-

dent vaccination. In the other two cases no result was perceptible. A third vaccination was performed upon one of them, *false vaccination* resulting. These facts, together with the circumstance that similar ones have been observed in the inoculation of sheep, lead to the belief that the vaccinal pustule is not a necessary consequence in order to effectual vaccination; in other words, that some people can acquire the protection afforded by vaccine without the customary eruption. It is also undoubtedly true that there are people who are especially rebellious to the influence of vaccine, and still others with whom the period of incubation may be protracted through two, three, or even four weeks, but these statements do not militate against the former ones, which are substantiated by that most convincing agency, personal experience.—*Archives of Pediatrics*.

PROPHYLACTIC MEASURES IN SCARLATINA AND IN DIPHTHERIA.—(*Arch. f. Kinderh.*):

The author in this paper makes a new attempt to incite the medical profession to more decided efforts at prophylaxis in these two dangerous diseases. He justly remarks, that among the lower classes isolation of their sick children is absolutely impossible. Disinfection becomes an illusion, and the only means in the present arrangement of things by which the State can interfere consists in the closing of the schools at those times when the diseases are prevalent. In addition, Henoch advises the exclusion of all the children of a family in which a case of either of these diseases exists, not only from the houses of their schoolmates, but from all places where children are in the habit of congregating. This provision should be enforced by the State, with punishment attached to its disobedience. The closure of the school should continue for eight days in a time of the prevalence of scarlatina, and for fourteen days if diphtheria prevails. The schools which are attended by the poor, however, should be closed for at least four weeks in the time of diphtheria, and a competent commission should decide at the end of these periods whether the conditions then warrant the reopening of the schools.—*Ibid.*

ELECTROLEPSIS OR CHOREA ELECTRICA.—

(*From Abstract in Jahrb. f. Kinderh.*): The chorea electrica of Dubini and the Italian physicians occurs frequently in Lombardy.

It begins with pains in the head, neck, and loins, is followed by contractions similar to those produced by an electric current. These appear first in a finger, in an entire extremity, or in one side of the face, and after a few days affect the other side of the body. Together with the contractions there is paresis of more or of fewer groups of muscles; then comes a condition of coma, and finally death. In the chorea electrica of the French and German descriptions there are similar contractions to the others, but the sensorium remains unimpaired. The disease lasts for a few days or weeks, and ends in recovery. Tordeus endeavors to prove from his own cases, and those of others among the Italian, French and German physicians, that this disease has nothing in common with chorea. He proposes to give it the name of electroleptosis. His treatment of the disease has been quite successful, and consists merely in the administration of a gram of the bromide of potash daily.—*Ibid.*

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, April 6, 1884, to April 12, 1884.

Baily, Eliska I., Colonel and Surgeon, ordered to report to the Commanding General, Division of the Pacific, for duty as Medical Director of that division and of the Dept. of California. (Par. 4, S.O. 78, A.G.O., April 4, 1884.) *Sutherland, Charles*, Colonel and Surgeon, to be relieved from duty in Division of the Pacific and to report to the Commanding General, Division of the Atlantic, for duty as Medical Director of that division and of the Dept. of the East. (Par. 4, S.O. 78, A.G.O., April 4, 1884.) *Baily, Joseph C.*, Major and Surgeon, leave of absence extended three months. (By Par. 8, S.O. 83, A.G.O., April 10, 1884.) *Smith, Joseph R.*, Major and Surgeon, directed to represent the Medical Dept. of the Army at the annual meeting of the Americal Medical Association to be held in Washington, D. C., on the 6th of May, 1884, and on the adjournment of the Association to return to his proper station, San Antonio, Texas. (Par. 7, S.O. 81, A.G.O., April 8, 1884.) *Sternberg, George M.*, Major and Surgeon, ordered to be relieved from duty in Dept. of California and to report to Commanding General, Department of the East, for assignment to duty. *Moseley, Edward B.*, Captain and Asst. Surgeon, ordered to be relieved from duty in Dept. of the East and to report to the Commanding General, Dept. of the Columbia, for assignment to duty. (Par. 4, S.O. 78, A.G.O., April 4, 1884.) *Wilcox, Timothy E.*, Capt. and Asst. Surgeon, ordered to be relieved from duty in Dept. of the Columbia and to report to the Commanding General, Dept. of the East, for assignment to duty. (Par. 4, S.O. 78, A.G.O., April 4, 1884.)